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| United States Bankruptcy Court Northern District of Illinois | | | | | | | | Vol | untary | Petition | | | |
|--|--|--------------------------------|--------------------------------|-----------------------------------|------------------------------------|---|--|---|---|-----------------------------------|---|---------------|-----------------|
| | Name of Debtor (if individual, enter Last, First, Middle): Bross, James T | | | | | | | ne of Joint Do ross, Jane | ebtor (Spouse M. | e) (Last, First | t, Middle): | | |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | | | | | | | (incl | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): AKA Jane McFadden | | | | | |
| Last four dig | one, state all) | | vidual-Taxp | ayer I.D. (| (ITIN) No./ | Complete E | (if m | ore than one, s | state all) | r Individual- | Taxpayer I.l | D. (ITIN) No | o./Complete EIN |
| Street Addre 25040 C Manhatt | ess of Debto | * | Street, City, | and State) | _ | ZIP Code | Stree 2 N | | f Joint Debtor nel Bay Ro | * | reet, City, a | nd State): | ZIP Code |
| County of R | esidence or | of the Princ | cipal Place | of Business | | 60442 | | | ence or of the | Principal Pl | ace of Busin | ness: | 60442 |
| Will Mailing Add | dress of Deb | otor (if diffe | erent from st | reet addres | ss): | | | ling Address | of Joint Debt | tor (if differe | ent from stre | eet address): | |
| | | | | | Г | ZIP Code | | | | | | | ZIP Code |
| Location of (if different | | | | r | | | <u> </u> | | | | | | 1 |
| Type of Debtor (Form of Organization) (Check one box) Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. Corporation (includes LLC and LLP) Partnership Other (If debtor is not one of the above entities, check this box and state type of entity below.) Nature of Business (Check one box) Health Care Business Single Asset Real Estate as in 11 U.S.C. § 101 (51B) Railroad Stockbroker Commodity Broker Clearing Bank Other Tax-Exempt Entity (Check box, if applicable) | | | | s defined | defined | the later 7 ter 9 ter 11 ter 12 ter 13 are primarily cd | Of Control Checonsumer debts. \$ 101(8) as | hapter 15 Pf a Foreign I hapter 15 Pf a Foreign I hapter 15 Pf a Foreign I e of Debts k one box) | one box) etition for R Main Procee etition for R Nonmain Pr | ecognition eding ecognition | | | |
| | | | | Cod | | of the Unite nal Revenu | e Code). | a perso | red by an indivional, family, or | household pur | rpose." | | |
| Filing Fee (Check one box) ■ Full Filing Fee attached □ Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. □ Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. | | | | | tor Chea | ☐ Debtor is ck if: ☐ Debtor's a to insider ck all applica☐ A plan is☐ Acceptang | a small busin not a small b aggregate not s or affiliates | ncontingent I) are less that with this petition were solicity | s defined in or as define liquidated don \$2,190,00 don. | d in 11 U.S. ebts (exclud) 0. | C. § 101(51D). ing debts owed e or more | | |
| Debtor e | estimates that estimates that | at funds will at, after any | l be availabl | perty is ex | cluded and | administrat | | nses paid, | | THIS | S SPACE IS I | FOR COURT | USE ONLY |
| Estimated N 1- 49 | umber of C 50- 99 | reditors 100- 199 | 200- 999 | 1,000- 5,000 | 5,001- 10,000 | 10,001- 25,000 | 25,001- 50,000 | 50,001- 100,000 | OVER 100,000 | | | | |
| Estimated A \$0 to \$50,000 | \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,0 to \$500 million | 001 \$500,000,001 to \$1 billion | More than \$1 billion | | | | |
| Estimated Li \$0 to \$50,000 | \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 | \$1,000,001 to \$10 | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,0 to \$500 | 001 \$500,000,001 to \$1 billion | | | | | |

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B1 (Official Form 1)(1/08) Page 2 Name of Debtor(s): Voluntary Petition Bross, James T Bross. Jane M. (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Case Number: Date Filed: Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ Robert R. Benjamin April 4, 2008 Signature of Attorney for Debtor(s) (Date) Robert R. Benjamin 0170429 Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ■ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. П Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

B1 (Official Form 1)(1/08)

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Bross, James T

Bross, Jane M.

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ James T Bross

Signature of Debtor James T Bross

X /s/ Jane M. Bross

Signature of Joint Debtor Jane M. Bross

Telephone Number (If not represented by attorney)

April 4, 2008

Date

Signature of Attorney*

X /s/ Robert R. Benjamin

Signature of Attorney for Debtor(s)

Robert R. Benjamin 0170429

Printed Name of Attorney for Debtor(s)

Querrey & Harrow, Ltd.

Firm Name

175 W. Jackson Boulevard, Suite 1600 Chicago, IL 60604

Address

Email: rbenjamin@querrey.com

(312)540-7000 Fax: (312)540-0578

Telephone Number

April 4, 2008

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

| 7 | v |
|---|---|
| 7 | ١ |

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

| ┱, |
|----|
| · |
| |

Date

Address

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

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Official Form 1, Exhibit D (10/06)

United States Bankruptcy Court Northern District of Illinois

| In re | James T Bross Jane M. Bross | | Case No. | |
|-------|--------------------------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.] ____

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

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Official Form 1, Exh. D (10/06) - Cont.

I certify under penalty of perjury that the information provided above is true and correct.

| Signat | ure of Debtor: _ | /s/ James T Bross | | |
|--------|------------------|-------------------|--|--|
| | _ | James T Bross | | |
| Date: | April 4, 2008 | | | |

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Official Form 1, Exhibit D (10/06)

United States Bankruptcy Court Northern District of Illinois

| | James T Bross | | | |
|-------|---------------|-----------|----------|---|
| In re | Jane M. Bross | | Case No. | |
| | | Debtor(s) | Chapter | 7 |

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.] ____

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

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Official Form 1, Exh. D (10/06) - Cont.

| ☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable |
|---|
| statement.] [Must be accompanied by a motion for determination by the court.] |
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or |
| mental deficiency so as to be incapable of realizing and making rational decisions with respect to |
| financial responsibilities.); |
| ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being |
| unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or |
| through the Internet.); |
| ☐ Active military duty in a military combat zone. |
| ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling |
| requirement of 11 U.S.C. § 109(h) does not apply in this district. |

I certify under penalty of perjury that the information provided above is true and correct.

| Signature of Debtor | : /s/ Jane M. Bross | |
|---------------------|---------------------|--|
| | Jane M. Bross | |
| Date: April 4, 2008 | | |

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B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court Northern District of Illinois

| In re | James T Bross, | | Case No. | |
|-------|----------------|---------|----------|---|
| | Jane M. Bross | | | |
| _ | | Debtors | Chapter | 7 |
| | | | • | |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|---|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property | Yes | 1 | 0.00 | | |
| B - Personal Property | Yes | 3 | 8,600.00 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | 0.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 2 | | 57,113.36 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 10 | | 88,254.31 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 1 | | | 2,676.00 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 1 | | | 3,590.00 |
| Total Number of Sheets of ALL Schedu | ıles | 22 | | | |
| | T | otal Assets | 8,600.00 | | |
| | | | Total Liabilities | 145,367.67 | |

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Form 6 - Statistical Summary (12/07)

United States Bankruptcy Court Northern District of Illinois

| In re | James T Bross, | | Case No. | | |
|-------|----------------|---------|----------|---|--|
| | Jane M. Bross | | | | |
| _ | | Debtors | Chapter | 7 | |

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|-----------|
| Domestic Support Obligations (from Schedule E) | 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | 57,113.36 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00 |
| Student Loan Obligations (from Schedule F) | 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | 0.00 |
| TOTAL | 57,113.36 |

State the following:

| Average Income (from Schedule I, Line 16) | 2,676.00 |
|--|----------|
| Average Expenses (from Schedule J, Line 18) | 3,590.00 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | 3,324.00 |

State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | 0.00 |
|--|-----------|-----------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column | 57,113.36 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | 0.00 |
| 4. Total from Schedule F | | 88,254.31 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | 88,254.31 |

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B6A (Official Form 6A) (12/07)

| In re | James T Bross, | Case No. |
|-------|----------------|----------|
| | Jane M. Bross | |

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property

Nature of Debtor's Interest in Property Husband, Wife, Joint, or Community Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption

Amount of Secured Claim

None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

| In re | James T Bross, | Case No. |
|-------|----------------|----------|
| | Jane M. Bross | |

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| | Type of Property | N O Description and Location of Property E | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|---|--|---|---|
| 1. | Cash on hand | X | | |
| 2. | Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | Chase checking | J | 200.00 |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others. | X | | |
| 4. | Household goods and furnishings, including audio, video, and computer equipment. | household goods and furnishings | J | 1,000.00 |
| 5. | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | |
| 6. | Wearing apparel. | wearing apparel | J | 200.00 |
| 7. | Furs and jewelry. | engagement ring | w | 1,500.00 |
| 8. | Firearms and sports, photographic, and other hobby equipment. | x | | |
| 9. | Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | Farmer's life \$50,000 face value (whole life) | w | 0.00 |
| 10. | Annuities. Itemize and name each issuer. | x | | |
| | | | | |
| | | (| Sub-Total (Total of this page) | al > 2,900.00 |

² continuation sheets attached to the Schedule of Personal Property

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$ - Cont.

| In re | James T Bross, |
|-------|----------------|
| | Jane M. Bross |

| Case No. | | |
|----------|--|--|

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|--|
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | х | | | |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. | Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments. | X | | | |
| 16. | Accounts receivable. | x | | | |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| | | | | Sub-Tot | al > 0.00 |
| | | | (| Total of this page) | ai > 0.00 |

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$ - Cont.

| In re | James T Bross, |
|-------|----------------|
| | Jane M. Bross |

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 22. | Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. | Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. | Automobiles, trucks, trailers, and | 199 | 98 Jeep Grand Cherokee | Н | 1,200.00 |
| | other vehicles and accessories. | 200 | 01 Mazda Tribute | W | 4,500.00 |
| 26. | Boats, motors, and accessories. | X | | | |
| 27. | Aircraft and accessories. | X | | | |
| 28. | Office equipment, furnishings, and supplies. | X | | | |
| 29. | Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. | Inventory. | X | | | |
| 31. | Animals. | X | | | |
| 32. | Crops - growing or harvested. Give particulars. | X | | | |
| 33. | Farming equipment and implements. | X | | | |
| 34. | Farm supplies, chemicals, and feed. | X | | | |
| 35. | Other personal property of any kind not already listed. Itemize. | X | | | |

Sub-Total > (Total of this page)

5,700.00

Total >

8,600.00

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (12/07)

| In re | James T Bross, | Case No. |
|-------|----------------|----------|
| | Jane M. Bross | |

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: | Check if debtor claims a homestead exemption that exceeds |
|---|---|
| (Check one box) | \$136,875. |
| ☐ 11 U.S.C. §522(b)(2) | |
| ■ 11 U.S.C. §522(b)(3) | |

| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|--|--|----------------------------------|---|
| Checking, Savings, or Other Financial Accounts, C Chase checking | Certificates of Deposit 735 ILCS 5/12-1001(b) | 200.00 | 200.00 |
| Household Goods and Furnishings household goods and furnishings | 735 ILCS 5/12-1001(b) | 1,000.00 | 1,000.00 |
| Wearing Apparel wearing apparel | 735 ILCS 5/12-1001(a) | 200.00 | 200.00 |
| Furs and Jewelry engagement ring | 735 ILCS 5/12-1001(b) | 1,500.00 | 1,500.00 |
| Interests in Insurance Policies Farmer's life \$50,000 face value (whole life) | 735 ILCS 5/12-1001(b) | 0.00 | 0.00 |
| Automobiles, Trucks, Trailers, and Other Vehicles 1998 Jeep Grand Cherokee | 735 ILCS 5/12-1001(c) | 1,200.00 | 1,200.00 |
| 2001 Mazda Tribute | 735 ILCS 5/12-1001(c) 735 ILCS 5/12-1001(b) | 2,400.00 2,100.00 | 4,500.00 |

Total: **8,600.00 8,600.00**

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B6D (Official Form 6D) (12/07)

| In re | James T Bross, | |
|-------|----------------|--|
| | Jane M. Bross | |

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| _ clear and contract the second as a second contract to the second c | | | | | | | | | |
|--|----------------------------------|------|--|------------|--------------|----------|---|---------------------------------|--|
| CREDITOR'S NAME | CODEBTOR | Hu | Husband, Wife, Joint, or Community | | | | AMOUNT OF | | |
| AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | | | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | COXF_XGEXF | UNLIQUIDATED | DISPUTED | CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY | |
| Account No. | | | | Т | T E | | | | |
| | | | Value \$ | | D | | | | |
| Account No. | | | | | | | | | |
| | | | | | | | | | |
| | | | Value \$ | | | Щ | | | |
| Account No. | | | Value \$ | | | | | | |
| Account No. | | | | | | | | | |
| | | | | | | | | | |
| | | | Value \$ | | | | | | |
| 0 | | | S | ubt | ota | 1 | | | |
| continuation sheets attached (Total of this page | | | | | | | | | |
| | ŀ | 0.00 | 0.00 | | | | | | |
| | (Report on Summary of Schedules) | | | | | | | | |
| | | | | | | | | | |

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B6E (Official Form 6E) (12/07)

| Ť | | | |
|-------|----------------|----------|--|
| In re | James T Bross, | Case No. | |
| | Jane M. Bross | | |
| = | | Debtors | |

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the

^{*} Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6E (Official Form 6E) (12/07) - Cont.

| In re | James T Bross, | | Case No. | |
|-------|----------------|---------|----------|--|
| | Jane M. Bross | | | |
| _ | | Debtors | | |

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts Owed to Governmental Units

| | | | | | | | TYPE OF PRIORITY | , |
|---|----------|-----------|--|------------|-----------------------|-------------|--------------------|--|
| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | СОПШВНОК | H H W J C | sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | CONTINGENT | UNLLQULDA | U T E | AMOUNT OF CLAIM | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY AMOUNT ENTITLED TO PRIORITY |
| Account No. 139-50-3163 | | | hsuband's income tax liability 1999-2000 | Т | D A T E D | | | |
| Department of Treasury IRS Cincinnati, OH 45999 | | н | | | | | | 0.00 |
| Account No. | | | | | | | 57,113.36 | 57,113.36 |
| | | | | | | | | |
| Account No. | | | | | | | | |
| Account No. | | | | | | | | |
| | | | | | | | | |
| Account No. | | | | | | | | |
| Sheet 1 of 1 continuation sheets attack | | | | Subt | | | E7.440.00 | 0.00 |
| Schedule of Creditors Holding Unsecured Prior | nty | Cla | aims (10tai oi t | | pag ota | | 57,113.36 | 57,113.30 0.00 |
| | | | (Report on Summary of Sc | | | | 57,113.36 | 57,113.30 |

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B6F (Official Form 6F) (12/07)

| In re | James T Bross, | Case No. | |
|-------|----------------|-----------|--|
| | Jane M. Bross | | |
| _ | | Debtors , | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of

Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F

| — Check and con it decical has no electrons nothing unsecual | | | | | | | | |
|--|----------|-------------|----------------------------------|-----------|----------|--------|--------|-----------------|
| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | C | U | Ŀ | T | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | ODEBTOR | C A H | | COXHLXGEX | αυ_ _ | SPUTED |] [| AMOUNT OF CLAIM |
| Account No. 220157 | | | medical services | Ť | DATED | | ſ | |
| Alexian Bros. Outpatient Group Prac 1650 Moon Lake Blvd. Hoffman Estates, IL 60169-1010 | | н | | | D | | | 27.00 |
| Account No. 05180-00002 | ┢ | | 2005-2008 (est.) | + | | H | + | |
| Alexian Brothers Behavior Health 1650 Moon Lake Blvd. Schaumburg, IL 60194-1010 | | н | medical services | | | | | 4 000 00 |
| Account No. B0518000002 | ┞ | | 2000-2007 (est.) | - | L | L | + | 4,900.00 |
| Alexian Brothers Behavior Health 1650 Moon Lake Blvd. Schaumburg, IL 60194-1010 | | н | | | | | | |
| | | | | _ | L | L | _ | 23,200.00 |
| Account No. B0518600004 Alexian Brothers Behavior Health 1650 Moon Lake Blvd. Schaumburg, IL 60194-1010 | | н | medical services | | | | | 594.00 |
| | <u> </u> | <u> </u> | 1 | Subt | ota | L l | 1 | 20.724.22 |
| _9 continuation sheets attached | | | (Total of t | his 1 | pag | ge) |) | 28,721.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | James T Bross, | Case No |
|-------|----------------|---------|
| | Jane M. Bross | |

| GDED/MODIGAVAN G | С | Hu | sband, Wife, Joint, or Community | С | U | D | |
|---|-----------------|-------------|---|------------|-----------------------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | J H H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | Q U I | DISPUTED | AMOUNT OF CLAIM |
| Account No. G00704513761 | | | medical services | T | D A T E D | | |
| Alexian Brothers Medical Center c/o Harris & Harris Ltd. 600 W. Jackson Blvd., Suite 400 Chicago, IL 60661 | | н | | | D | | 10,713.00 |
| Account No. 2008 M3 001094 | ╁ | | Forcible 2008 M3 001094 | | | | , |
| Apartment Investment and Management c/o David K. Barhydt 2901 Butterfield Road Oak Brook, IL 60523 | | J | | | | | 2,130.06 |
| Account No. 40670262 | t | | medical services | | l | | |
| Argent Healthcare Financial Service PO Box 667 La Porte, IN 46352 | | w | | | | | 612.64 |
| Account No. 2818323 | ╁ | | medical services | | - | | |
| Argent Healthcare Financial Service PO Box 667 La Porte, IN 46352 | | н | | | | | 173.00 |
| Account No. 149746537 | ╁ | | utility service | | | | 173.00 |
| AT & T c/o West Asset Management Inc PO Box 956842 Saint Louis, MO 63195 | | J | | | | | 64.33 |
| Sheet no. 1 of 9 sheets attached to Schedule of | | _ | ı | Sub | tota | ıl | 42.602.02 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | this | pag | ge) | 13,693.03 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | James T Bross, | Case No. |
|-------|----------------|----------|
| | Jane M. Bross | |

Debtors

| | I c | Lis. | sband, Wife, Joint, or Community | 10 | U | Г | T |
|--|-----------------|---------|---|-------------|----|-------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | ΙU | I S P U T E | AMOUNT OF CLAIM |
| Account No. 8478953007443 |] | | utility service see above | T | E | | |
| AT&T P.O. Box 8100 Aurora, IL 60507 | | J | | | | | 0.00 |
| Account No. 5178-0572-4880-9076 | ╁ | | goods and services | | | | |
| Capital One c/o Allied Interstate PO Box 16336 West Palm Beach, FL 33416-6336 | | w | | | | | 2,623.37 |
| Account No. 4388-6413-3275-2844 | ╁ | | goods and services | + | | - | 2,020.01 |
| Capital One c/o West Asset Management PO Bxo 724617 Atlanta, GA 31139-1617 | | н | | | | | 2,973.83 |
| Account No. 5291-1517-9528-4577 | | | see above | | - | | |
| Capital One PO Box 26074 Richmond, VA 23260 | | J | | | | | 0.00 |
| Account No. 5291-1517-9528-4577 | \vdash | | goods and services | + | + | \vdash | 0.00 |
| Capital One Mastercard c/o Firstsource Advantage LLC PO Box 628 Buffalo, NY 14240-0628 | | w | | | | | |
| | | | | | | | 2,236.88 |
| Sheet no. 2 of 9 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total o | Sub this | | | 7,834.08 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | James T Bross, | Case No. |
|-------|----------------|----------|
| | Jane M. Bross | |

Debtors

| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | С | U | D | |
|--|----------|--------|---|-----------|----------|-------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | QULD | U T E | AMOUNT OF CLAIM |
| Account No. 57534 | | | medical services | ٦ï | I | | |
| Cardiovascular Associates Dept. 20 1027 PO Box 5940 Carol Stream, IL 60197 | | н | | | D | | 160.00 |
| Account No. 02-027-438-7-1 | | | goods purchased | | T | | |
| Carson Pirie Scott P.O. Box 17633 Baltimore, MD 21297 | | J | | | | | |
| | | | | | | | 615.81 |
| Account No. 4266-8410-3076-9069 | | | goods and services | | | | |
| Chase PO Box 15298 Wilmington, DE 19850-5298 | | J | | | | | |
| Account No. 4227-6510-3004-9018 | ╀ | | | | | | 7,755.17 |
| Chase Bank NA PO Box 15298 Wilmington, DE 19850-5298 | | J | goods and services | | | | 4 222 22 |
| Account No. 4227-6510-3004-9018 | ╁ | | goods and services | - | \vdash | | 1,320.38 |
| Chase Bank USA, NA c/o Viking Collection Service Inc 7500 Office Ridge Circle Eden Prairie, MN 55344-3678 | | J | (see above) | | | | 0.00 |
| Sheet no. 3 of 9 sheets attached to Schedule of | | | 1 | Sub | tota | ıl | 0.054.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | this | pag | ge) | 9,851.36 |

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| In re | James T Bross, | Case No. |
|-------|----------------|----------|
| | Jane M. Bross | |

Debtors

| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | Ç | U | D | |
|--|-----------------|-------------|---|------------|----------|--------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | C A H | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | I () | SPUTED | AMOUNT OF CLAIM |
| Account No. 5424-1807-4591-0247 | 1 | | goods and services | ' | Ę | | |
| Citi Cards PO Box 688904 Des Moines, IA 50368-8904 | | w | | | | | 3,138.81 |
| Account No. 201*548804.1 | T | T | medical services | | Г | | |
| Elk Grove Lab Physicians PC Dept. 77-9154 Chicago, IL 60678-0001 | | н | | | | | 585.50 |
| | ╀ | ╀ | 2007 2007 () | _ | L | igdash | 303.30 |
| Account No. 67-7111725 Elk Grove Radiology SC 75 Remittance Dr. Suite 6500 Chicago, IL 60675-6500 | | н | 2005-2007 (est.) medical services | | | | 2,553.00 |
| Account No. 6035264006448946 | T | T | cash advances | | Г | T | |
| Fred Meyer Jewelers Processing Center Des Moines, IA 50364-0001 | | J | | | | | 607.46 |
| Account No. 5155-9300-0319-8777 | t | T | goods and services | T | \vdash | | |
| HSBC Card Services PO Box 17051 Baltimore, MD 21297-1051 | | н | | | | | 1,410.90 |
| Sheet no. 4 of 9 sheets attached to Schedule of | - | _ | | Subi | tota | .l | |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | his | pag | re) | 8,295.67 |

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| In re | James T Bross, | Case No. |
|-------|----------------|----------|
| | Jane M. Bross | |

Debtors

| | С | Ни | sband, Wife, Joint, or Community | I c | lш | D | |
|--|---------|-------------|---|-------------|-------------|---|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | ODEBTOR | J H H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | UNLIQUIDATE | | AMOUNT OF CLAIM |
| Account No. 4663-0400-0210-9425 | | | goods and services | Т | T E | | |
| HSBC Card Services PO Box 17051 Baltimore, MD 21297-1051 | | н | | | D | | 1,397.46 |
| Account No. 37303 | ╁ | | medical services | + | | | 1,001110 |
| Imran Nisar Md Ltd. PO Box 967 Tinley Park, IL 60477-0967 | | н | | | | | 155.00 |
| Account No. 000583140003679648 | ╁ | | 2007 | + | \vdash | | 100.00 |
| IPS of Illinois PO Box 92934 Los Angeles, CA 90009 | | н | medical services | | | | 1,719.00 |
| Account No. 3067-QLEOT | | | medical services | + | | | , |
| Leo Taiberg, MD 777 Oakmont Lane, Suite 1600 Westmont, IL 60559 | | н | | | | | 2,540.00 |
| Account No. 001 69729 | ╁ | | medical services | + | | | 2,040.00 |
| Mea Elk Grove LLC PO Box 5990 Dept. 20-6008 Carol Stream, IL 60197-5990 | | н | | | | | |
| | | | | | | | 1,578.00 |
| Sheet no. <u>5</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | Ī | | (Total of | Sub this | | | 7,389.46 |

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| In re | James T Bross, | Case No. |
|-------|----------------|----------|
| | Jane M. Bross | |

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

Husband, Wife, Joint, or Community CODEBTOR UZLIQUIDATED CREDITOR'S NAME, ONTINGENT **MAILING ADDRESS** DATE CLAIM WAS INCURRED AND INCLUDING ZIP CODE, W CONSIDERATION FOR CLAIM. IF CLAIM AMOUNT OF CLAIM AND ACCOUNT NUMBER J IS SUBJECT TO SETOFF, SO STATE. С (See instructions above.) Account No. 0013512101 medical services **MEA Medical Care Centers LLC** Н Dept. 20-60007 PO Box 5990 Carol Stream, IL 60197 200.00 Account No. 3163JBRO medical services **Northwest Gatroenterologists** Н 1415 S. Arlington Hts. Arlington Heights, IL 60005 1.700.00 Account No. 258111 medical services **Northwest Health Care Assocs** Н 2360 Hassell Road Suite F Hoffman Estates, IL 60169-2171 1,275.00 Account No. 084-1-8448491396 medical services Northwest Radiology Associates, SC W 520 E. 22nd St. Lombard, IL 60148 26.40 Account No. 084-2-84484911391 medical services Northwest Radiology Associates, SC W 520 E. 22nd. Street Lombard, IL 60148 26.40 Sheet no. 6 of 9 sheets attached to Schedule of Subtotal

Creditors Holding Unsecured Nonpriority Claims

(Total of this page)

3,227.80

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B6F (Official Form 6F) (12/07) - Cont.

| In re | James T Bross, | Case No. |
|-------|----------------|----------|
| | Jane M. Bross | |

Debtors

| | C | Ни | sband, Wife, Joint, or Community | Tc | U | D | |
|--|----------|-----|---|-----------|---------------|---------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | ONL QU DATE | I S P | AMOUNT OF CLAIM |
| Account No. 523333130 | | | medical services | Т | T E D | | |
| Northwestern Community Hospital PO Box 95698 Chicago, IL 60694-5698 | | н | | | D | | 139.00 |
| Account No. 92829704-001 | | | medical services | + | | | |
| Northwestern Memorial Hospital PO Box 73690 Chicago, IL 60673-7690 | | w | | | | | |
| | | | | ┸ | | | Unknown |
| Account No. 27067440 Physician Anesthesia Associates SC Department 4330 Carol Stream, IL 60122-4330 | - | J | medical services | | | | Unknown |
| Account No. 489991 | | | medical services | \dagger | | | |
| Rush University Medical Group 75 Remittance Dr. Dept. 1611 Chicago, IL 60675-1611 | | н | | | | | 161.50 |
| Account No. | \vdash | | former landlord 1805 Vista Ct., Unit 102, | + | | | |
| Savannah Trace 1421 Carolina Court Schaumburg, IL 60193 | | J | Schaumburt, IL | | | | 2,130.06 |
| Sheet no. 7 of 9 sheets attached to Schedule of | | L | <u>l</u> | L Subt | L tota | <u>L</u> 1 | |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | | | | 2,430.56 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | James T Bross, | Case No. |
|-------|----------------|----------|
| | Jane M. Bross | |

| | С | Н | sband, Wife, Joint, or Community | To | U | D | |
|---|---------|-------------|---|----------|-------------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | ODEBTOR | H W H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | ONTINGEN | UNLIQUIDATE | SPUTED | AMOUNT OF CLAIM |
| Account No. 8515327194 | | | utility services | ٦т | 1 - | | |
| SBC Ameritech c/o Law Offices of Mitchell N. Kay 205 W. Randolph, #920 Chicago, IL 60606 | | J | | | D | | 270.88 |
| Account No. 2214 | ╁ | | medical services | + | t | | |
| Schaumburg Medicine & Endocinology 1439 W. Schaumburg Rd. Schaumburg, IL 60194 | | н | | | | | 40.00 |
| Account No. 828-984-476 | ╁ | | | + | T | | |
| Shell Card Center PO Box 689151 Des Moines, IA 50368-9151 | | н | | | | | 720.47 |
| Account No. 258111 | ╁ | | medical services | + | \vdash | | 720.47 |
| Specialists in Cardiology Doctors Office Buliding III 1555 Barrington Rd., Suite 2300B Hoffman Estates, IL 60169 | | н | | | | | 1,275.00 |
| Account No. 66799 | | \vdash | medical services | + | T | \vdash | · · |
| Suburban Endocrinology & Diabetes 2010 S. Arlington Hts. Rd. Arlington Heights, IL 60005-4134 | | н | | | | | 680.00 |
| Sheet no. 8 of 9 sheets attached to Schedule of | <u></u> | | | Sub | tota | ıl | 0.000.05 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | this | pag | ge) | 2,986.35 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | James T Bross, | Case No. |
|-------|----------------|----------|
| | Jane M. Bross | |

Debtors

| | | _ | | | | | |
|---|------|----------|-----------------------------------|------------|---------|---------------|-----------------|
| CREDITOR'S NAME, | CO | Hu | sband, Wife, Joint, or Community | 18 | U | |) |
| MAILING ADDRESS | DEBT | Н | DATE CLAIM WAS INCURRED AND | N | UZLLQUL | D I S P U T E | |
| INCLUDING ZIP CODE, AND ACCOUNT NUMBER | B | W | CONSIDERATION FOR CLAIM. IF CLAIM | Įį. | Q | ļ | |
| (See instructions above.) | 10 | c | IS SUBJECT TO SETOFF, SO STATE. | Ğ | Ιĭ | Ė | AMOUNT OF CLAIM |
| | R | | | CONTINGENT | DATED | D |) |
| Account No. 37303 | | | medical services | T | E | | |
| | | | | \vdash | D | ╀ | |
| Suburban Lung Associates SC | | | | | | | |
| PO Box 2776 | | Н | | | | | |
| Carol Stream, IL 60132-0001 | | | | | | | |
| | | | | | | | |
| | | | | | | | 430.00 |
| A (A) | | | | + | ╀ | ╀ | |
| Account No. UNI-80206003 | | | medical services | | | | |
| l | | | | | | | |
| University Anesthesiologists SC | | ١ | | | | | |
| Lock Box 128 | | Н | | | | | |
| Glenview, IL 60025 | | | | | | | |
| | | | | | | | |
| | | | | | | | 1,440.00 |
| Account No. BROSS0000 | | \vdash | medical services | 十 | t | $^{+}$ | |
| Account No. Broodoo | | | inicalcal scrylocs | | | | |
| William In K Kim MD SC | | | | | | | |
| 800 Biesterfield Rd., Suite 2010 | | н | | | | | |
| Elk Grove Village, IL 60007 | | ١ | | | | | |
| Lik Grove Village, iL 00007 | | | | | | | |
| | | | | | | | 1,955.00 |
| | | | | <u>L</u> | | | 1,955.00 |
| Account No. | | | | | | | |
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| | | | | ╄ | ┢ | + | |
| Account No. | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| Sheet no. 9 of 9 sheets attached to Schedule of | | | | Sub | tota | 1 1 | |
| | | | | | | | 3,825.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | | | | ' |
| | | | | 7 | Γota | al | |
| | | | (Report on Summary of So | chec | dule | es) | 88,254.31 |

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B6G (Official Form 6G) (12/07)

| In re | James T Bross, | Case No. |
|-------|----------------|----------|
| | Jane M. Bross | |

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

Martin J. Gilboy 25040 Cashel Bay Road Manhattan, IL 60442 month to month tenancy @ \$800.00/month

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B6H (Official Form 6H) (12/07)

| In re | James T Bross, | Case No. |
|-------|----------------|----------|
| | Jane M. Bross | |

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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B6I (Official Form 6I) (12/07)

| | James T Bross | | | |
|-------|---------------|-----------|----------|--|
| In re | Jane M. Bross | | Case No. | |
| | | Debtor(s) | | |

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| Debtor's Marital Status: | DEPENDENTS | OF DEBTOR AND SP | POUSE | | |
|--|--|--------------------------------|----------------|------------|----------|
| Married | RELATIONSHIP(S): None. | AGE(S): | | | |
| Employment: | DEBTOR | T | SPOUSE | | |
| Occupation | sales | legal assistan | | | |
| Name of Employer | | Kal & Koeppe | I | | |
| How long employed | unemployed | 2 1/2 years | | | |
| Address of Employer | | 725 E. Irving F Roselle, IL | Park Road, Sui | te D | |
| INCOME: (Estimate of average | or projected monthly income at time case filed) | • | DEBTOR | | SPOUSE |
| | and commissions (Prorate if not paid monthly) | \$ | 0.00 | \$ | 3,324.00 |
| 2. Estimate monthly overtime | | \$ | 0.00 | \$ | 0.00 |
| 3. SUBTOTAL | | \$ | 0.00 | \$ | 3,324.00 |
| 4. LESS PAYROLL DEDUCTIO | | | | | |
| a. Payroll taxes and social s | ecurity | \$ | 0.00 | \$ | 648.00 |
| b. Insurance | | \$ | 0.00 | \$ <u></u> | 0.00 |
| c. Union dues | | \$ - | 0.00 | \$ — | 0.00 |
| d. Other (Specify): | | \$ \$ | 0.00 | \$ <u></u> | 0.00 |
| 5. SUBTOTAL OF PAYROLL D | DEDUCTIONS | \$ | 0.00 | \$ | 648.00 |
| 6. TOTAL NET MONTHLY TA | KE HOME PAY | \$ | 0.00 | \$ | 2,676.00 |
| 7. Regular income from operation | n of business or profession or farm (Attach detailed sta | tement) \$ | 0.00 | \$ | 0.00 |
| 8. Income from real property | , i | \$ | 0.00 | \$ | 0.00 |
| 9. Interest and dividends | | \$ _ | 0.00 | \$ | 0.00 |
| dependents listed above | port payments payable to the debtor for the debtor's us | se or that of \$ | 0.00 | \$ | 0.00 |
| 11. Social security or government (Specify): | t assistance | \$ | 0.00 | \$ | 0.00 |
| (Speen)). | | | 0.00 | \$ | 0.00 |
| 12. Pension or retirement income | | \$ _ | 0.00 | \$ | 0.00 |
| 13. Other monthly income (Specify): | | | 0.00 | \$ | 0.00 |
| | | \$ <u></u> | 0.00 | \$ | 0.00 |
| 14. SUBTOTAL OF LINES 7 TH | HROUGH 13 | \$ | 0.00 | \$ | 0.00 |
| 15. AVERAGE MONTHLY INC | COME (Add amounts shown on lines 6 and 14) | \$ | 0.00 | \$ | 2,676.00 |
| 16. COMBINED AVERAGE MO | ONTHLY INCOME: (Combine column totals from line | e 15) | \$ | 2,676. | 00 |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

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B6J (Official Form 6J) (12/07)

| | James T Bross | | | |
|-------|---------------|-----------|----------|--|
| In re | Jane M. Bross | | Case No. | |
| | | Debtor(s) | | |

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

| 1. Rent or home mortgage payment (include lot rented for mobile home) | \$ | 800.00 |
|---|----|---------------------|
| a. Are real estate taxes included? Yes No _X | Ψ | |
| b. Is property insurance included? Yes No X | | |
| 2. Utilities: a. Electricity and heating fuel | \$ | 225.00 |
| b. Water and sewer | \$ | 150.00 |
| c. Telephone | \$ | 50.00 |
| d. Other | \$ | 0.00 |
| 3. Home maintenance (repairs and upkeep) | \$ | 0.00 |
| 4. Food | \$ | 500.00 |
| 5. Clothing | \$ | 150.00 |
| 6. Laundry and dry cleaning | \$ | 50.00 |
| 7. Medical and dental expenses | \$ | 500.00 |
| 8. Transportation (not including car payments) | \$ | 500.00 |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ | 0.00 |
| 10. Charitable contributions | \$ | 0.00 |
| 11. Insurance (not deducted from wages or included in home mortgage payments) | | |
| a. Homeowner's or renter's | \$ | 0.00 |
| b. Life | \$ | 0.00 |
| c. Health | \$ | 500.00 |
| d. Auto | \$ | 165.00 |
| e. Other | \$ | 0.00 |
| 12. Taxes (not deducted from wages or included in home mortgage payments) | | |
| (Specify) | \$ | 0.00 |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) | | |
| a. Auto | \$ | 0.00 |
| b. Other | \$ | 0.00 |
| c. Other | \$ | 0.00 |
| 14. Alimony, maintenance, and support paid to others | \$ | 0.00 |
| 15. Payments for support of additional dependents not living at your home | \$ | 0.00 |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) | \$ | 0.00 |
| 17. Other | \$ | 0.00 |
| Other | \$ | 0.00 |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, | \$ | 3,590.00 |
| if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year | | |
| following the filing of this document: | | |
| OR OTTATEMENT OF MONTHLY NET INCOME. | Ī | |
| 20. STATEMENT OF MONTHLY NET INCOME | Φ. | 6.000.00 |
| | u, | 2,676.00 |
| a. Average monthly income from Line 15 of Schedule I | \$ | |
| a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.) | \$ | 3,590.00 -914.00 |

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B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court Northern District of Illinois

| In re | James T Bross Jane M. Bross | Са | ase No. | |
|-------|--------------------------------|--------------|---------|---|
| | | Debtor(s) Ch | hapter | 7 |
| | | | _ | |

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of

| | 24 sheets, and that they are true and correct to the best of my knowledge, information, and belief. | | | | |
|------|--|-----------|----------------------|--|--|
| Date | April 4, 2008 | Signature | /s/ James T Bross | | |
| | | | James T Bross Debtor | | |
| Date | April 4, 2008 | Signature | /s/ Jane M. Bross | | |
| | | | Jane M. Bross | | |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (12/07)

United States Bankruptcy Court Northern District of Illinois

| In re | James T Bross Jane M. Bross | Case No. | |
|-------|--------------------------------|-------------------|---|
| | | Debtor(s) Chapter | 7 |

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE |
|-------------|-------------------|
| \$38,988.00 | 2007 wages |
| \$37,510.00 | 2006 wages (W) |
| \$41,315.00 | 2006 wages (h) |

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE \$664.00 2007 interest

\$19,270.00 2007 retirement accounts

\$40.00 2006 refund

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

Individual or joint debtor(s) with primarily consumer debts. List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DATES OF AMOUNT STILL OF CREDITOR **PAYMENTS** AMOUNT PAID **OWING**

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

> **AMOUNT** DATES OF PAID OR PAYMENTS/ VALUE OF AMOUNT STILL **OWING TRANSFERS** TRANSFERS

NAME AND ADDRESS OF CREDITOR

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT STILL AMOUNT PAID

OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT COURT OR AGENCY STATUS OR NATURE OF PROCEEDING DISPOSITION AND CASE NUMBER AND LOCATION **Forcible** Apartment Investment and Circuit Court of Cook County, pending Management Co. v. Bross **Third District**

2008-M3-001094

Forcible Apartment Investment and

Management v. Bross 2008 M3 000361

Circuit Court of Cook County, Dismissed 2/19/2008

Third District

3

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATE OF

NAME AND ADDRESS OF ASSIGNEE ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS
OF PAYEE
Querrey & Harrow, Ltd.
175 W. Jackson Boulevard, Suite 1600

175 W. Jackson Boulevard, Suite 1600 Chicago, IL 60604 Querrey & Harrow, Ltd.

Querrey & Harrow, Ltd. 175 W. Jackson Boulevard, Suite 1600 Chicago, IL 60604

Consumer Credit Counseling 400 Russel Court PO Box 885 Woodstock, IL 60098 DATE OF PAYMENT, AMOUNT OF MONEY
NAME OF PAYOR IF OTHER OR DESCRIPTION AND VALUE
THAN DEBTOR OF PROPERTY

March 4 2008 800 00

 March 4, 2008
 800.00

 March 28, 2008
 399.00

April 2008 Jennifer McFadden (daughter-\$600.00 in-law)

April 2008 \$50.00

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED
AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

5

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

DESCRIPTION AND VALUE OF

NAME AND ADDRESS OF OWNER

PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS 25040 Cashel Bay Rd. Manhattan, IL NAME USED

DATES OF OCCUPANCY March 2008 to present

1805 Vista Court 1998-March 2008 Schaumburg, IL

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF NOTICE **ENVIRONMENTAL**

TICE LAW

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None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

ENVIRONMENTAL NAME AND ADDRESS OF DATE OF

SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

6

18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpaver identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

BEGINNING AND NATURE OF BUSINESS ENDING DATES

NAME (ITIN)/ COMPLETE EIN ADDRESS

NAME **ADDRESS**

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

None

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS DATES SERVICES RENDERED

b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

ADDRESS DATES SERVICES RENDERED NAME

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None

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was

issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

20. Inventories

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory,

and the dollar amount and basis of each inventory.

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

7

DATE OF INVENTORY INVENTORY SUPERVISOR

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY

RECORDS

21. Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS NATURE OF INTEREST PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns,

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NATURE AND PERCENTAGE
NAME AND ADDRESS TITLE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the

commencement of this case.

NAME ADDRESS DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year**

immediately preceding the commencement of this case.

NAME AND ADDRESS TITLE DATE OF TERMINATION

 ${\bf 23}$. With drawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation

in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS
OF RECIPIENT,
DATE AND PURPOSE
OF WITHDRAWAL
OF PROPERTY

AMOUNT OF MONEY
OR DESCRIPTION AND
VALUE OF PROPERTY

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24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

8

25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date | April 4, 2008 | Signature | /s/ James T Bross |
|------|---------------|-----------|----------------------------|
| | - | - | James T Bross Debtor |
| Date | April 4, 2008 | Signature | /s/ Jane M. Bross |
| | | | Jane M. Bross Joint Debtor |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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Form 8 (10/05)

United States Bankruptcy Court Northern District of Illinois

| In re | James T Bross Jane M. Bross | | | Case No. | | |
|----------|---|--------------------------|---|-------------------------------------|---|--|
| III Ie | Jane W. Dioss | | Debtor(s) | _ Case No. Chapter | 7 | |
| | CHAPTER 7 II | NDIVIDUAL DEBT | OR'S STATEME | NT OF INT | ENTION | |
| | have filed a schedule of assets and liabilities which includes debts secured by property of the estate. | | | | | |
| | I have filed a schedule of executory | es which includes persor | ich includes personal property subject to an unexpired lease. | | | |
| | I intend to do the following with respect to property of the estate which secures those debts or is subject to a lease: | | | | | |
| Descr | iption of Secured Property | Creditor's Name | Property will be Surrendered | Property is claimed as exempt | Property will be redeemed pursuant to 11 U.S.C. § 722 | Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c) |
| -NOI | NE- | | | | | |
| | | | Lease will be | 1 | | • |
| Descr | iption of Leased | | assumed pursuan to 11 U.S.C. § | t | | |
| Property | | Lessor's Name | 362(h)(1)(A) | _ | | |
| | th to month tenancy @ .00/month | Martin J. Gilboy | X | | | |
| Date | April 4, 2008 | Signature | /s/ James T Bross James T Bross Debtor | | | |
| Date | April 4, 2008 | Signature | /s/ Jane M. Bross Jane M. Bross Joint Debtor | | | |

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United States Bankruptcy Court
Northern District of Illinois

| In r | James T Bross e Jane M. Bross | | Case No. | | | | |
|-------|---|---|-------------------------------|------------------------------------|--|--|--|
| 111 1 | | Debtor(s) | Chapter | 7 | | | |
| | DISCLOSURE OF COM | PENSATION OF ATTOI | RNEY FOR DE | CBTOR(S) | | | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | | | |
| | For legal services, I have agreed to accept | | | 1,500.00 | | | |
| | Prior to the filing of this statement I have recei | ved | \$ | 1,500.00 | | | |
| | Balance Due | | \$ | 0.00 | | | |
| 2. | The source of the compensation paid to me was: | | | | | | |
| | ☐ Debtor ☐ Other (specify): Je | nnifer McFadden, daughter-in- | -law \$600.00 | | | | |
| 3. | The source of compensation to be paid to me is: | The source of compensation to be paid to me is: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 4. | ■ I have not agreed to share the above-disclosed of | compensation with any other person | unless they are mem | bers and associates of my law firm | | | |
| | ☐ I have agreed to share the above-disclosed component, together with a list of the | | | | | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] | | | | | | |
| 5. | By agreement with the debtor(s), the above-disclose Representation of the debtors in any other adversary proceeding. | | | es, relief from stay actions or | | | |
| | | CERTIFICATION | | | | | |
| | I certify that the foregoing is a complete statement obankruptcy proceeding. | of any agreement or arrangement for | r payment to me for r | epresentation of the debtor(s) in | | | |
| Date | ed: April 4, 2008 | /s/ Robert R. Ben | jamin | | | | |
| | | Robert R. Benjan | nin 0170429 | | | | |
| | | Querrey & Harrov | w, Ltd. Boulevard, Suite 1 | 600 | | | |
| | | Chicago, IL 6060 | | | | | |
| | | (312)540-7000 F | ax: (312)540-0578 | | | | |
| | | rbenjamin@guer | rev.com | | | | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

- 1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
- 3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

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B 201 (04/09/06)

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of Attorney

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

| Robert R. Benjamin 0170429 | X /s/ Robert R. Benjamin | April 4, 2008 | | | | |
|---|------------------------------------|---------------|--|--|--|--|
| Printed Name of Attorney | Signature of Attorney | Date | | | | |
| Address: | | | | | | |
| 175 W. Jackson Boulevard, Suite 1600 Chicago, IL 60604 (312)540-7000 | | | | | | |
| Certificate of Debtor I (We), the debtor(s), affirm that I (we) have received and read this notice. | | | | | | |
| James T Bross | | | | | | |
| Jane M. Bross | X /s/ James T Bross | April 4, 2008 | | | | |
| Printed Name of Debtor | Signature of Debtor | Date | | | | |
| Case No. (if known) | X /s/ Jane M. Bross | April 4, 2008 | | | | |
| | Signature of Joint Debtor (if any) | Date | | | | |

United States Bankruptcy Court Northern District of Illinois

| In re | James T Bross Jane M. Bross | | Case No. | | | |
|-------|--|--|-----------------------------------|---------------|--|--|
| mie | valie iii. Bioss | Debtor(s) | Chapter 7 | | | |
| | V | TERIFICATION OF CREDITOR M | IATRIX Creditors: | 46 | | |
| | | Number of | Creditors: | 46 | | |
| | The above-named Debtor((our) knowledge. | (s) hereby verifies that the list of credi | tors is true and correct to t | he best of my | | |
| Date: | April 4, 2008 | /s/ James T Bross | | | | |
| | | James T Bross Signature of Debtor | James T Bross Signature of Debtor | | | |
| Date: | April 4, 2008 | /s/ Jane M. Bross | | | | |
| | | Jane M. Bross | | | | |
| | | Signature of Debtor | | | | |

Alexian Bros. Outpatient Group Prac 1650 Moon Lake Blvd. Hoffman Estates, IL 60169-1010

Alexian Brothers Behavior Health 1650 Moon Lake Blvd. Schaumburg, IL 60194-1010

Alexian Brothers Medical Center c/o Harris & Harris Ltd. 600 W. Jackson Blvd., Suite 400 Chicago, IL 60661

Apartment Investment and Management c/o David K. Barhydt 2901 Butterfield Road Oak Brook, IL 60523

Argent Healthcare Financial Service PO Box 667 La Porte, IN 46352

AT & T c/o West Asset Management Inc PO Box 956842 Saint Louis, MO 63195

AT&T P.O. Box 8100 Aurora, IL 60507

Capital One c/o Allied Interstate PO Box 16336 West Palm Beach, FL 33416-6336

Capital One c/o West Asset Management PO Bxo 724617 Atlanta, GA 31139-1617

Capital One PO Box 26074 Richmond, VA 23260 Capital One Mastercard c/o Firstsource Advantage LLC PO Box 628 Buffalo, NY 14240-0628

Cardiovascular Associates Dept. 20 1027 PO Box 5940 Carol Stream, IL 60197

Carson Pirie Scott P.O. Box 17633 Baltimore, MD 21297

Chase PO Box 15298 Wilmington, DE 19850-5298

Chase Bank NA PO Box 15298 Wilmington, DE 19850-5298

Chase Bank USA, NA c/o Viking Collection Service Inc 7500 Office Ridge Circle Eden Prairie, MN 55344-3678

Citi Cards PO Box 688904 Des Moines, IA 50368-8904

Citi Cards c/o United Recovery Systems PO Box 722910 Houston, TX 77272-2910

Department of Treasury IRS Cincinnati, OH 45999

Elk Grove Lab Physicians PC Dept. 77-9154 Chicago, IL 60678-0001

Elk Grove Radiology SC 75 Remittance Dr. Suite 6500 Chicago, IL 60675-6500

Fred Meyer Jewelers Processing Center Des Moines, IA 50364-0001

HSBC Card Services PO Box 17051 Baltimore, MD 21297-1051

Imran Nisar Md Ltd.
PO Box 967
Tinley Park, IL 60477-0967

IPS of Illinois PO Box 92934 Los Angeles, CA 90009

Leo Taiberg, MD 777 Oakmont Lane, Suite 1600 Westmont, IL 60559

Martin J. Gilboy 25040 Cashel Bay Road Manhattan, IL 60442

Mea Elk Grove LLC PO Box 5990 Dept. 20-6008 Carol Stream, IL 60197-5990

MEA Medical Care Centers LLC Dept. 20-60007 PO Box 5990 Carol Stream, IL 60197

Northwest Gatroenterologists 1415 S. Arlington Hts. Arlington Heights, IL 60005

Northwest Health Care Assocs 2360 Hassell Road Suite F Hoffman Estates, IL 60169-2171 Northwest Radiology Associates, SC 520 E. 22nd St. Lombard, IL 60148

Northwest Radiology Associates, SC 520 E. 22nd. Street Lombard, IL 60148

Northwestern Community Hospital PO Box 95698 Chicago, IL 60694-5698

Northwestern Memorial Hospital PO Box 73690 Chicago, IL 60673-7690

Physician Anesthesia Associates SC Department 4330 Carol Stream, IL 60122-4330

Rush University Medical Group 75 Remittance Dr. Dept. 1611 Chicago, IL 60675-1611

Savannah Trace 1421 Carolina Court Schaumburg, IL 60193

SBC Ameritech c/o Law Offices of Mitchell N. Kay 205 W. Randolph, #920 Chicago, IL 60606

Schaumburg Medicine & Endocinology 1439 W. Schaumburg Rd. Schaumburg, IL 60194

Shell Card Center PO Box 689151 Des Moines, IA 50368-9151

Specialists in Cardiology Doctors Office Buliding III 1555 Barrington Rd., Suite 2300B Hoffman Estates, IL 60169 Suburban Endocrinology & Diabetes 2010 S. Arlington Hts. Rd. Arlington Heights, IL 60005-4134

Suburban Lung Associates SC PO Box 2776 Carol Stream, IL 60132-0001

University Anesthesiologists SC Lock Box 128 Glenview, IL 60025

William In K Kim MD SC 800 Biesterfield Rd., Suite 2010 Elk Grove Village, IL 60007